INTERACTIVE COMPLEXITY REPORTING GUIDELINES:

DEFINITION:	Interactive complexity refers to specific communication factors that complicate the delivery of a primary psychiatric procedure. This component is reported using CPT add-on code 90785. Add-on codes may be reported in conjunction with specified "primary" procedure codes. **Add-on codes may never be reported alone.**
REPLACES:	All previous 2012 CPT codes referencing "interactive" therapy (90810-90815, 90823-90829) which will become invalid in 2013.
TYPICAL PATIENTS:	Those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care. These factors are typically present with patients who: o Have other individuals legally responsible for their care, such as minors or adults with guardians, or o Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or o Require the involvement of other their parties, such as child welfare agencies, parole or probation officers, or schools.
REPORT 90785 WHEN:	At least one of the following is present: 1. The need to manage maladaptive communication (related to e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan. 3. Evidence or disclosure of a sentinel event and mandated report to third party (eg, abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, other physical devices, interpreter, or translator to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional (QHCP) and a patient who: o Is not fluent in the same language as the physician or other QHCP, or o Has not developed, or has lost, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician or other QHCP if he/she were to use typical language for communication.
USE IN CONJUNCTION WITH:	The following psychiatric "primary" procedure codes: o Psychiatric diagnostic evaluation, 90791, 90792. o Psychotherapy, 90832, 90834, 90837. o Psychotherapy add-on codes, 90833, 90836, 90838 WHEN reported with E/M. o Group psychotherapy , 90853
MAY NOT REPORT WITH:	o Psychotherapy for crisis (90839, 90840) o Evaluation and Management (E/M) alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service as interactive complexity is not a factor for E/M service code selection except as it directly affects key components as defined in the E/M services guidelines (i.e. history, examination, and medical decision making). o Family psychotherapy (90846, 90847, 90849).
TIME REPORTING RULE:	When provided in conjunction with the primary psychotherapy services (90832-90838), the amount of time spent by a physician or other QHCP providing interactive complexity services should be reflected in the timed service code for psychotherapy service and not in the interactive service code. Report as 1 Unit only.